

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1031

Office of Registrar of Vital Statistics.

Ward

3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 P.M. July 7th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Charles Clifford

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 6 Months, 8 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1817 E. Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria Complicated with Whooping Cough

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 8th 1889

Undertaker, M. A. Baizer, Atty. E. P. Jones M. D.

Place of Business, 229 S. Bay Address, 1835 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 1032 Office of Registrar of Vital Statistics.

Ward 5

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank A. Herkenheim

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, One Year, 11 Months, One Day,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Balto. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 435 W. Central Ave

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum & Intermittent Fever
Brain Trouble

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, July 8. 1887.

Undertaker, Wm. H. Hickman.

Medical Attendant.

Place of Business, 234 N. Gay. Address, 439 W. Central Ave

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1033 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1887

Full Name of Deceased, John Baum
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 7 Days.

Color, Wht.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

Cause of Death, Acute Enteritis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 8th

Undertaker, H. Dippel

Place of Business, 127 S. Bond

Alexander Hill M. D.
Medical Attendant.

Address, Coronet.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 103 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 1 Months, 5 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } 3

Occupation, 3

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 400 S. Exeter

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum
Convulsions

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity

Date of Burial, July 8th Geo. B. Reynolds M. D.

{ Undertaker, W. Dippel Medical Attendant.

{ Place of Business, 757 S. Bond Address, 711 N. Calver

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1035 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Schneider

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 67 Years, _____ Months, _____ Days

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Traylor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 - years

Place of Death, { Give Street and Number. } 1127 - Somerset St

Cause of Death, { First (Primary), Second (Immediate), } Cholera morbus
colic

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, July 9, 1887

Undertaker, Henry West

Place of Business, 1023 Penned at Address, 2100 - Maryland

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. A 1036 Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Henry Tees

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 2 Months, 12 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Child

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1414 E. Chase Street

Cause of Death, { First (Primary), Second (Immediate), } unknown
Eclampsia

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 10, 1887

Undertaker, Henry Koch

Place of Business, 1023 Central Ave

Chas Henry Tees M. D.
Medical Attendant.

Address, 1010 Annapolis St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1028 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7. '87

Full Name of Deceased, Bertha Schmidt
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany — one week

Duration of Residence in the City of Baltimore, One week

Place of Death, { Give Street and Number. } University Hospital

Cause of Death, { First (Primary), Second (Immediate), } Puerperal Septicaemia
Exhaustion

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 8. 1887

{ Undertaker, H. Pander C. W. Mitchell M. D.
Medical Attendant.

{ Place of Business, 1710 Canton Ave. Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. **A 1039** Office of Registrar of Vital Statistics. Ward **1**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 7, 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Badki

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **2** Years, **8** Months, **8** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

U.S.

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give street and Number. } **2425 Alicean St**

Cause of Death, { First (Primary), } **Cholera**

{ Second (Immediate), } **Infantum**

Duration of Last Sickness, **2 days**

All the above information should be furnished by the Physician.

Place of Burial, **St. Peter's cem**

Date of Burial, **July 8, 1887**

Edw Elean M. D.

Medical Attendant.

Undertaker **H. Pander**

Place of Business **1710 Canton St** Address, **1015 E. Baltimore**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. A 1040 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Dipp

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 2 Years, 7 Months, 7 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1600 Vincent Alley

Cause of Death, { First (Primary), Second (Immediate), } Rickets. Broncho-Pneumonia
Exhaustion, Pulmonary Edema

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 8

Undertaker, Saml'l Chas'l C. O. Miller M. D. Medical Attendant.

Place of Business, 76. Paterson Av Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]